

Validation of Prenatal HIV Testing Status As Reported to the Newborn Screening Program by Birth Facilities in New York State

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BACKGROUND

Background

- Maternal-Pediatric HIV Prevention and Care Program established 1996
 - Goal: reduce perinatal HIV transmission to lowest possible level by
 - Ensuring access to prenatal care for all pregnant women
 - Ensuring counseling and testing of all women in prenatal care
 - Ensuring all HIV positive pregnant women are offered ART
 - Ensuring HIV test information is transferred to anticipated birth facility
 - Conducting expediting testing at delivery for all women/newborns for whom no prenatal results are available
 - Conducting HIV testing on all blood samples submitted through the Newborn Screening Program (NSP)

Background ...

- Universal newborn screening for HIV instituted in February 1997
- Newborn Screening specimen submission requires transfer of prenatal HIV testing history via a series of check boxes on the blood specimen card

Background ...

VI. (1) HIV Test History at Delivery (Prenatal HIV Test History) - Check *one* from A - D, indicate source of HIV test history information

■ **A. Tested HIV negative during *this* pregnancy;** check source of information (be sure test date falls within this prenatal period):

- Hard copy of laboratory report in the record, **or**
- Written note, signed by a clinician, indicating the date of HIV testing and the test result, **or**
- Computer/electronic record indicating the date of HIV testing and the test result.

■ **B. Tested HIV positive during or prior to this pregnancy.** Check source of information:

- Hard copy of laboratory report in the record, **or**
- Written note, signed by a clinician, indicating the date of HIV testing and the test result, **or**
- Computer/electronic record indicating the date of HIV testing and the test result.

■ **C. Not tested during this pregnancy**

■ **D. Test history unknown/not documented**

(2) In-Hospital Testing-Expedited HIV Testing Status - Check one from E - G; document in the appropriate medical record.

- **E. Mother tested with consent**
 - **F. Newborn tested**
 - **G. Testing not needed (Mother tested negative during this pregnancy or is HIV positive)**
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1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the work.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources needed to complete them.

4. The fourth step is to implement the plan. This involves putting the strategy into action and monitoring progress to ensure that the objectives are being met.

5. The final step is to evaluate the results of the project. This involves assessing the effectiveness of the plan and identifying any areas for improvement or further action.

NEWBORN SCREENING BLOOD COLLECTION FORM
DO NOT USE AFTER NOVEMBER 2004

DOH USE ONLY - - DO NOT WRITE IN SHADED AREA

Infant's Last Name		First Initial		1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		<input type="checkbox"/> Single Birth <input type="checkbox"/> Twin <input type="checkbox"/> Other		Ethnicity/Race 1 <input type="checkbox"/> Wht. 4 <input type="checkbox"/> Asian 2 <input type="checkbox"/> Blk. 5 <input type="checkbox"/> Other 3 <input type="checkbox"/> Hisp. 6 <input type="checkbox"/> Native Amer.		HIV TESTING PRIOR MATERIAL <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D In-hospital <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G	
Date of Birth		Birth Weight		Date of Specimen		Specimen Collected:					
Mo. Day Yr.		Grams		Mo. Day Yr.		1 <input type="checkbox"/> Less than 24 hrs. of age 2 <input type="checkbox"/> More than 24 hrs. of age					
Infant's Medical Record No.		<input type="checkbox"/> Premature <input type="checkbox"/> Transfused:		Maternal HBs Ag Test Result 1 <input type="checkbox"/> Pos. 2 <input type="checkbox"/> Neg. 3 <input type="checkbox"/> Unk.		Mother's Social Security No.		Mother's Age			
Hospital PFI Code		Hospital of Birth? 1 <input type="checkbox"/> Initial Specimen 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 2 <input type="checkbox"/> Repeat Specimen <input type="checkbox"/> Homebirth		Physician License No.		Mother's Name:		Last		First	
Hospital Name:		Infant's Primary Care Physician		Address:		Address:		Apt. #			
City:		Zip:		Tel. ()		County of Residence		Zip:			
DO NOT USE ADDRESSOGRAPH		Tel. ()									

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SEE REVERSE SIDE
FOR INSTRUCTIONS

Background ...

- Site specific reports are generated and supplied to facilities
- Technical assistance is provided to sites on an as needed basis

Background ...

- In 2003 birth facilities reported that 94% of women who resided and delivered in NYS had received prenatal HIV testing

Background ...

- Validation Study:

- Goal:

- to determine the usefulness of hospital reports as a method of determining statewide HIV prenatal testing rates by validating the accuracy of the prenatal HIV testing data provided to the Newborn Screening Program

METHODS

Methods

- We reviewed the labor and delivery medical charts of a random sample of deliveries for written documentation of prenatal HIV testing
- A random sample of 600 births from April - September 2003 was chosen from the 127,040 deliveries for which a specimen was submitted for newborn screening

Methods ...

- The Kappa statistic was used to assess the ability of newborn screening data to predict documentation of prenatal screening for various demographic variables

Methods ...

Sample

600 deliveries
were selected by simple random sample

557 labor and delivery records
were located and reviewed

542 records provided necessary information
for evaluation (90.3%)

RESULTS

Results

- 90.6% of deliveries had documentation of prenatal HIV testing
- No statistical differences found by race/ethnicity, age, region of residence or hospital size

Results ...

Summary of Agreement Between Newborn Screening Record and Chart Review Documentation All Records

Newborn Screening Program Record	Chart Review Documentation		Total
	Prenatal Test Received	No Prenatal Test / No Documentation	
Prenatal Test Received	483	27	510
No Prenatal Test / No Documentation	8	24	32
Total	491	51	542

Sensitivity = 98.4

PPV = 94.7

Specificity = 47.1

Kappa = .55

Results ...

Summary of Agreement Between Newborn Screening Record and Chart Review Documentation Hospital Size $\geq 2,500$ births/year

Newborn Screening Program Record	Chart Review Documentation		Total
	Prenatal Test Received	No Prenatal Test / No Documentation	
Prenatal Test Received	239	10	249
No Prenatal Test / No Documentation	5	15	20
Total	244	25	269

Sensitivity = 98.0 PPV = 96.0

Specificity = 60.0 Kappa = .64

% of records that had documentation of prenatal testing = 90.7

Results ...

Summary of Agreement Between Newborn Screening Record and Chart Review Documentation Hospital Size < 2,500 births/year

Newborn Screening Program Record	Chart Review Documentation		Total
	Prenatal Test Received	No Prenatal Test / No Documentation	
Prenatal Test Received	244	17	261
No Prenatal Test / No Documentation	3	9	12
Total	247	26	273

Sensitivity = 98.8 PPV = 93.5

Specificity = 34.6 Kappa = .44

% of records that had documentation of prenatal testing = 90.5

Comments

Comments

- A high percentage of women who reside in NY and deliver in NYS facilities receive voluntary prenatal HIV testing
- Nearly 91% of births reviewed had documentation of prenatal testing in the Labor/Delivery record

Comments ...

- Agreement between what was reported to NSP and what was found to be documented in the labor/delivery record varied:
 - overall 93.5% of records reviewed had agreement ($\kappa=0.55$)
 - smaller facilities more likely to lack record documentation and NSP agreement– especially smaller facilities in NYC ($\kappa=0.25$)
 - larger facilities more likely to have record documentation and NSP agreement– especially outside of NYC ($\kappa=0.70$)

Comments ...

- Limitations:
 - 58 (9.7%) of sampled records not reviewed
 - 27 of these records were from 7 facilities that failed to provide the information from any of the sampled records from their site
 - If all chart review agreed with NSP record –
 - Prenatal testing = 91% ($\kappa=0.58$)
 - If all chart review disagreed with NSP record –
 - Prenatal testing = 82% ($\kappa=0.28$)
 - Previous investigations at the large sites has shown prenatal testing rates in the range of 90%

Comments ...

- Hospital self-report through the Newborn Screening Program, with DOH monitoring and feedback to facilities, is a useful and accurate method for gathering population-based data on voluntary prenatal testing